



Nebraska Fatal Driver/Pedestrian Alcohol/Drug Analysis Testing Claim for Reimbursement

In accordance with Nebraska State Statutes 60-6,106

TO: Nebraska Department of Roads
Traffic Engineering Division
Attn: Jan Voss
PO Box 94669
Lincoln NE 68509-4669
(402) 479-4673 Fax: (402) 479-3637

DATE

FROM: Agency:
Address:
City, State, Zip:
Contact:
Phone No.:
Email:

INVOICE NO.

Reimbursement Request for the Following:

Date of Crash	Name of Subject/Person Tested	Cost of Testing
Total Reimbursement Request		

Certification:

I hereby certify the foregoing document is a true and accurate representation of cost incurred to comply with Nebraska State Statutes 60-6,101, 60-6,102, 60-6,103.

Signature of Authorized Official

Type/Print Name and Title

Date